2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N98000000274

Entity Name: PANHANDLE YOUTH ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

4150 CEDARSPRINGS RD
MOLINO, FL 32577

New Principal Place of Business:

Current Mailing Address:

4150 CEDAR SPRINGS RD.
MOLINO, FL 32577

New Mailing Address:

FEI Number: 59-3490012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANE, TIMOTHY D
1201 N 9TH AVENUE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BOOKER, PARHAM	
Address:	2810 EAST CERVANTES STREET	
City-St-Zip:	PENSACOLA, FL 32503	
Title:	VD	( ) Delete
Name:	WATSON, GARY	
Address:	1308 N BARCELONA ST	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	SD	( ) Delete
Name:	GILL, JOYCE	
Address:	2559 PINE FOREST ROAD	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	TD	( ) Delete
Name:	KANE, TIMOTHY D	
Address:	1201 N 9TH AVENUE	
City-St-Zip:	PENSACOLA, FL 32501	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY D KANE TD 01/16/2009

Electronic Signature of Signing Officer or Director — Date